Grade level is otherwise by selection. There is no proposal under consideration to revise the original criteria for promotion to the post of Chief Medical Officer (Junior Administrative Grade).

(c) and (d) There are at least 5 services where the posts at the level of senior Administrative Grade are above 10 per cent of the total duty posts but the posts at this level are sanctioned primarily on functional considerations. The Inter-departmental Committee which has been set up to look into the career progression and cadre structure of Central Health Service, Railway Medical Service and medical posts under Central Police Organisation is also looking into the aspect of requirement of Senior Administrative Grade level posts for these services. The Committee has not yet submitted its report.

Manfacture of contaminated intravenous injections

915. SHRI M. S. GURUPADASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some pharmaceutical companies are manufacturing intravenous injections contaminated with foreign particals;

(b) whether a complaint of this nature has been lodged with the Drugs Controller, Delhi Administration recently; and

(c) if so, what are the details thereof and what action has been taken against the concerned pharmaceutical firms?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) No pharmaceutical company is licenced to manufacture intravenous solutions in Delhi. Therefore, no firm was found manufacturing such solutions contaminated with foreign particles.

(b) One complaint was received on 5th April, 88 about Metrogyl intravenous injection (100 ml.) Batch No. U8038 manufactured by M|s. Ifiunik Pharmaceuticals Pvt. Ltd. situated in Ankleshwar, Gujarat.

(c) A news item appeared in the Times of India, New Delhi edition of 5th April, 1988 in which allegations were made that a 100 ml. bottle of Metrogyl (Metronidazole Intravenous Injection Isotonic) manufactured by M/s. Ifiunik Pharmaceuticals Pvt. Ltd. of Ankleshwar, Gujarat, purchased from a chemist shop at Shakti Nagar, was contaminated with foreign particles subsequently, after the publication of the news item, a complaint was received in the Office of the Drugs. Controller from Mr. S. L. Goel, 1630, Gulabi Bagh, Delhi about this very case. The matter was examined and investigated by the Drugs Inspector of Delhi Administration. The details are given hereunder:—

(1) Allegations of Mr. Goel that he had filed a complaint with the Drugs Controller, Delhi Administration in the previous month, was not correct. The complaint was received in the Drug Control Office on the afternoon of 5th April, 1988 after the publication of the above mentioned news item.

(2) It was found on inspection that the local distributor of the manufacturer i.e. M|s. Unique Distributors, Sita Ram Bazar, Delhi had purchased this batch of Metrogyl from the manufacturer directly. The 136 bottles of this batch received by M|s. Unique Distributor were in turn sold to M|s. Taneja Traders, Jawahar Nagar, Delhi (96 bottles) and to Sir Ganga Ram Hospital, New Delhi (40 bottles). M|s. Taneja Traders had in turn sold the batch to M|s. Super Pharmacy from whom the drug was purchased by the complainant, Sh. Goel. M|s. Super Pharmacy at the time of inspection, had 19 bottles of Metrogyl of the same batch No. U8038. All these bottles were examined, but none was found contaminated with any foreign matter.

(3) Mr. Goel, the complainant was also contacted, but he refused to part with the bottle which was allegedly found to be contaminated. However, it was found that the seal of the bottle was missing and the rubber bung perforated.

(4) Since the manufacturer of the drug is situated in Gujarat, the matter has been referred to Commissioner, Food and Drug Administration, Gujarat for appropriate action.

Seminar on deserts, man and health by I.C.M.R.

916. SHRI CHATURANAN MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a National Seminar on Deserts, Man and Health was organised on 30th May to 1st June, 1981 by SMS Medical College, Jaipur with support from ICMR and other organisations with participation of many scientists; and

(b) whether it is a fact that many valuable recommendations were made on family planning, medicinal plants, natural calamities, unconventional food, safe water, rodents; and livestock and if so, the details thereof indicating steps taken to implement the various recommendations and results thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) The seminar adopted the following recommendation:—

(i) A "Desert Medicine Research Unit", should urgently be established in Rajasthan attached to one of its teaching institutions with a net work of field stations. One 'Cell' be set up in the Medical Directorate, Government of Rajasthan, with suitable infrastructure at intermediary and peripheral levels.

(ii) A task force be constructed at ICMR which will co-ordinate activities at international level and make efforts to seek financial and other assistance available with the organisations like W.H.O., UNEP, UNESCO etc.

(iii) This 'Desert Medicine Research unit should preferably be established by ICMR else by Department of Science and Technology|ICAR|CSIR, Central Government, adequately funded, equipped and staffed.

(iv) This research unit should largely work in the light of recommendations made by this Seminar and develop its own model to provide health for all by 2000 A.D., and in times to come to be raised to an Institute wherein people from other desert countries may seek help and guidance.

(1) Its major persuit will be health and family planning surveys, continuous epidemiological monitoring surveillance especially after spread of irrigation from Rajasthan Canal, work on man's adaptation to climate etc.

(2) Some projects in collaboration with institutions like CAZRI who are already well advanced and working since decades, will be useful.

(3) Existing knowledge in different disciplines working for desert development, related to human health, to be pooled in this research unit and made available to desert medicine research workers. Frequent seminars and workshops be organised by this unit on the topics of immediate importance.

(4) Task of orientation of medical personnel and other scientists required for research in desert medicine be performed by this Unit.

(v) Some fellowships be offered through international agencies for visits to the areas with adequate research establishment in respect of desert health care research.

(vi) Armed forces can also be benefited by work and information gathered by this unit.